INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION

APPLICATION FOR MEMBERSHIP

To apply online go to: http://www.ishlt.org/membership/

A) 2020 dues: $345 for regular members, $170 for student/resident members. Membership must be renewed annually every January.
B) *Student/resident membership is available to residents, fellows, medical students, nursing student, and graduate students. Such applicants must submit with their application a letter signed by the Chief/Dean of their program verifying their training status.
C) Membership includes $127 for an annual subscription to the Journal of Heart and Lung Transplantation (JHLT).

Full Name_____ _____ _____ _____
Last First M.I. Professional Degree

Institutional/Organization Name:_____

Mailing Address (Please indicate which address this is for): ☐ Home ☐ Business

_____

City_____State/Province_____Country_____Post Code_____

Telephone:_____Fax:_____

E-Mail (**MANDATORY**: PRINT VERY CLEARLY):_____

Professional Specialty (check one box only):

☐ Anesthesiology
☐ Cardiac Surgery
☐ Cardiology
☐ Cardiothoracic Surgery
☐ Critical Care Medicine
☐ Engineering
☐ Immunology
☐ Infectious Diseases
☐ Nursing
☐ Nurse Practitioner
☐ Pathology
☐ Pediatric Cardiology
☐ Pediatric Pulmonology
☐ Pediatric Transplant Surgery
☐ Perfusion
☐ Pharmacy/Pharmacology
☐ Physician Assistant
☐ Pulmonology
☐ Research
☐ Social Science
☐ Thoracic Surgery
☐ Transplant Coordinator
☐ VAD Coordinator
☐ Other: _____

Primary Professional Community (check one box only):

☐ Anesthesiology and Critical Care
☐ Cardiothoracic Surgery
☐ Cardiology
☐ Immunology
☐ Infectious Diseases
☐ Nursing and Allied Health
☐ Pathology
☐ Pediatrics
☐ Pharmacy
☐ Pulmonology
☐ Research

Area of Interdisciplinary Interest (check all that apply):

☐ Advanced Heart Failure and Transplantation
☐ Advanced Lung Failure and Transplantation
☐ Mechanical Circulatory Support
☐ Pulmonary Vascular Disease (PAH & CTEPH)

Do you wish to **OPT OUT** of receiving the print JHLT and receive only the online version? ☐ YES ☐ NO
If no, enter the mailing address, if different than your primary address:

_____

City_____State/Province_____Country_____Post Code_____

Are you an **Early Career Professional** (training completed < six years ago)? ☐ YES ☐ NO

If yes, what year was your formal training completed: _____

Membership Category applied for: ☐ Regular $345 ☐ Student/Resident $170 (**Must include verification letter. See * above.**)

Payment method: ☐ Check ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover ☐ JCB

Card No._____Expiration Date: _____

CSC (Credit Card Security Code)_____ Card Holder Billing Zip Code/Postal Code **(Mandatory):** _____

Card Holder Billing Street Address **(Mandatory)**_____

Name on Card:_____Signature: _____

Payment must be in U.S. Dollars. Checks must be drawn on a U.S. bank.
Return to: ISHLT * 14673 Midway Road, Suite 200, Addison, TX 75001 USA * PHONE: +1-972-490-9495

******* DO NOT FAX CREDIT CARD PAYMENTS *******